(11) EP 1 211 306 A1

(12)

EUROPEAN PATENT APPLICATION

(43) Date of publication: 05.06.2002 Bulletin 2002/23

- (51) Int Cl.7: C11D 17/04, C11D 3/48
- (21) Application number: 01310009.4
- (22) Date of filing: 29.11.2001
- (84) Designated Contracting States:

 AT BE CH CY DE DK ES FI FR GB GR IE IT LI LU

 MC NL PT SE TR

 Designated Extension States:

 AL LT LV MK RO SI
- (30) Priority: 30.11.2000 US 726911
- (71) Applicant: Becton, Dickinson and Company Franklin Lakes, New Jersey 07417-1880 (US)
- (72) Inventors:
 - Hoang, Minh Quang
 Taylorsville 84118-1814, Utah (US)
 - Burkholz, Joanthan Karl .
 Salt Lake City 84115, Utah (US)
- (74) Representative: Ruffles, Graham Keith MARKS & CLERK, 57-60 Lincoln's Inn Fields London WC2A 3LS (GB)
- (54) Foam hand washing / disinfectant system
- (57) The hand washing/disinfectant system of this invention comprises a dispenser and a hand washing/disinfectant solution. The dispenser has a convenient portable size that delivers a controlled amount of a non-aerosol foam. The hand washing/disinfectant solution is
- a water based, non-alcohol solution with a viscosity in the range of about 0 to about 200 cps and that has between about 0.01 to about 4% by weight of an active antimicrobial ingredient.

Description

Background of the Invention

[0001] This invention relates to a foam hand washing/disinfectant system that allows a healthcare professional to disinfect his/her hands without the use of water or alcohol.

[0002] Hand washing by healthcare professionals is an essential component of infection control activities. However, studies from the Center for Disease Control show that compliance with hand washing protocol by healthcare professionals is unacceptably low. This is often attributed to the lack of a conveniently located soap/sink station, hand wash solutions that are inconvenient to use and, with continual use, that result in dry and chapped hands and the time consuming nature of the hand washing procedure.

[0003] Historically, there have been two main categories of hand washing procedures used by healthcare professionals. The first category is a full surgical scrub with a scrub brush and an antimicrobial solution. The active ingredient in such antimicrobial solutions typically is iodine, chlorhexidine gluconate, parachlorametaxylenol (PCMX), triclosan or hexachlorophenes. These solutions typically have a high surfactant and active ingredient content and thus must be rinsed off of the healthcare professional's hands with water in a sink station. A typical surgical scrub procedure takes about six minutes. The second category is hand washing with a traditional soap solution, with or without an antimicrobial agent. This procedure also requires a sink station so the healthcare professional can rinse the soap off of his/her hands with water.

[0004] Since sink stations are not always conveniently located, waterless hand washing solutions have been developed. These waterless hand wash solutions generally are alcohol based. They also tend to be fast acting efficacious and convenient. Unfortunately these waterless hand wash solutions can cause the healthcare professional's hands to become dry and chapped after repeated uses. Moreover, the alcohol-based solutions do not have long term residual antimicrobial efficacy and are flammable. In addition, the controlled delivery of liquid alcohol-based solutions is problematic. For example, a significant portion of the liquid alcohol-based solution can be wasted during the delivery of the solution to the healthcare professional. Where the liquid is poured onto the healthcare professional's hands, controlling the amount of the liquid that is dispensed is difficult and the delivered liquid can spill off of the healthcare professional's hands. Alternatively, where a spray bottle is used, up to 30% of the solution can be lost as mist. In both circumstances, decreased antimicrobial efficacy can result if insufficient amounts of the solution are used by the healthcare professional. Although, the delivery of solutions can be somewhat controlled if the solution is delivered as foam, the propellants that are required for such foam delivery can compromise the purity of the solution and are detrimental to the environment.

Summary of the Invention

35

50

[0005] It is therefore an object of the invention to provide a hand washing/disinfectant system that can be used by a healthcare professional without the need for a soap/sink station.

[0006] It is another object of this invention to provide a hand washing/disinfectant system that is quick and convenient to use.

[0007] It is still another object of this invention to provide a hand washing/disinfectant system that will not result in dry or chapped hands for the healthcare professional even after repeated use.

[0008] It is yet another object of this invention to provide a hand washing/disinfectant system that delivers a controlled amount of the hand washing/disinfectant solution to the healthcare professional.

[0009] It is even a further object of this invention to provide a hand washing/disinfectant system that delivers a non-aerosol hand washing/disinfectant solution foam to the healthcare professional.

[0010] The hand washing/disinfectant system of this invention comprises a dispenser and a hand washing/disinfectant solution. The dispenser has a convenient portable size that delivers a controlled amount of a non-aerosol foam. The hand washing/disinfectant solution is a water based, non-alcohol solution with a viscosity in the range of about 0 to about 200 cps and that has between about 0.01 to about 4% by weight of an active antimicrobial ingredient.

Detailed Description of the Invention

[0011] The dispenser that is used in the combination of this invention can be any available device that dispenses a non-aerosol air-liquid mixture, i.e. foam. Although a propellant could be used to create the foam, this is undesirable because such propellants contaminate the antimicrobial solution and may be harmful to the environment. Thus, a preferred dispenser should not use gas propellants but should instead create the foam by some other means, such as mechanical action. For example, such a dispenser may be obtained from Airspray International of Pompano Beach, Florida under the "Mini Foamer" designation. Such a dispenser delivers 0.4 g of foam for a single stroke. This allows

the delivery of a controlled dose of the active antimicrobial ingredient. See also U.S. Patent Nos. 5,337,929; 5,429,279 and 6,053,364, the disclosures of which are incorporated herein by reference. The antimicrobial solution that can be used with the dispenser in the combination of this invention should be foamable. This is because the foam evaporates more quickly when rubbed on the hands due to the increased surface area of the foam bubbles as compared to liquid or spray applied solutions. And the foam is easier to evenly distribute on the skin and is less likely to be spilled and wasted.

[0012] The antimicrobial solution that may be used in the hand washing/disinfectant system of this invention should have between about 0.01 to about 4% by weight of the active antimicrobial ingredient. For example, a diluted amount of any commercially available antimicrobial solution could be used in the system of this invention. These commercially available solutions should be diluted in water to between 1:20 and 1:100. It is important that these commercially available solutions be diluted in order to minimize the concentration of the surfactant and the active ingredient. Too high of a concentration will require the user to rinse her hands after using the antimicrobial solution in order to avoid skin irritation. Although dilution is important to avoid skin irritation, the amount of dilution should not adversely affect the antimicrobial efficacy of the antimicrobial solution. Commercially available antimicrobial solutions that have been diluted to between 1:20 and 1:100 results in a solution having an active ingredient concentration of between about 0.1% and about 0.2%. Surprisingly, this diluted solution will have a sufficient antimicrobial efficacy. In fact, the antimicrobial efficacy of the diluted version will be greater than the commercial version since the diluted version will not be rinsed off of the clinician's hands after use.

[0013] In addition, dilution is important because these commercially available antimicrobial solutions have a viscosity that is too high to allow them to be used with a non-aerosol foam dispenser. Preferably the viscosity should be between 0 and 200 cps, and even more preferably, the viscosity should be between 0 and 60 cps.

[0014] Commercially available solutions that meet the foregoing requirements are 4% or 2% chlorhexidine gluconate, 3% PCMX, 0.2% benzethonium chloride and 0.25% - 1% available iodine which may be obtained from Ecolab, Zeneca, Ballard Medical, Becton Dickinson, First Scientific or Xtrium. If 0.2% benzethonium chloride is used, it does not have to be diluted.

EXAMPLE 1

25

35

40

45

50

55

[0015] To illustrate the efficacy of the diluted base solution, seven commercially available anti-microbial solutions were diluted at 1:100. The study evaluated the antimicrobial efficacy of various solutions when challenge with ten different microorganism strains using an in-vitro time-kill method. The products were challenged with ten different microorganism strains utilizing 1 minute and 5 minute exposure times. The following table shows that the vast majority of the diluted base solutions were still effective as anti-microbial solutions.

Antimicrobial Ef Study Results	ficacy - Kil	II Time							
			eca - clens	BD 747		Hunting ton		Ballard	
		4% CHG		4% CHG		4% CHG		4% CHG	
			e (in utes)		e (in utes)	1	e (in ute <u>s)</u>		e (in utes)
Organism	Dilutions	1	5	1_	5	1	5	1	5
K. pneumoniae	1:100	no growth	no growth	no growth	no growth	no growth	no growth	no growth	no growth
S. epidermidis	1:100	not tested	not tested	not tested	not tested	not tested	not tested	not tested	not tested
E. faecalis	1:100	not tested	not tested	not tested	not tested	not tested	not tested	not tested	not tested
S. aureus	1:100	no growth	growth	no growth	no growth	not tested	not tested	not tested	not tested
C, staphylococci	1:100	no growth	no growth	no growth	no growth	no growth	no growth	no growth	no growth
P. aeruginosa	1:100	no growth	no growth	no growth	no growth	no growth	no growth	no growth	no growth
C. albicans	1:100	no growth	no growth	no growth	no growth	no growth	no growth	no growth	no growth
E. coli	1:100	no growth	no growth	no growth	no growth	no growth	no growth	no growth	no growth
E. cloacae	1:100	no growth	no growth	no growth	no growth	no growth	no growth	no growth	no growth
S. marcescens	1:100	no growth	no growth	no growth	no growth	no growth	no growth	no growth	no growth
P. vulgaris	1:100	no growth	no growth	no growth	no growth	no growth	no growth	no growth	no growth

Antimicrobial Ef Study Results	ficacy - Ki	II Time					
		BD	<u> </u>	BD 205		BD 372405	L
		3% 1% avail. lodine PCMX		0.5% avail. lodine			
		Tim mln	e (in utes)		e (in utes)	Time minu	
Organism	Dilutions	1	5	1	5	1	5
K. pneumoniae	1:100	growth	no growth	no growth	no growth	no growth	no growth
S. epidermidis	1:100	growth	growth	no growth	no growth	no growth	no growth
E. faecalis	1:100	growth	growth	no growth	no growth	no growth	no growth
S. aureus	1:100	growth	growth	no growth	no growth	no growth	no growth
C, staphylococci	1:100	not tested	not tested	no growth	no growth	no growth	no growth

P. aeruginosa	1:100	growth	growth	no growth	no growth	no growth	no growth
C. albicans	1:100	growth	growth	no growth	no growth	no growth	no growth
E. coli	1:100	grpwth	growth	no growth	no growth	no growth	no growth
E. cloacae	1:100	growth	growth	no growth	no growth	no growth	no growth
S. marcescens	1:100	no growth	no growth	no growth	no growth	no growth	no growth
P. vulgaris	1:100	no growth	no growth	no growth	no growth	no growth	no growth
				1			1

[0016] Thus it is seen that a hand washing/disinfectant system is provided that can be used by a healthcare professional without the need for a soap/sink station, that is quick and convenient to use, that will not result in dry or chapped hands for the healthcare professional even after repeated use, and that will deliver controlled amounts of non-aerosol hand washing/disinfectant foam to the healthcare professional.

Claims

10

15

20

25

30

35

40

45

55

- A combination foam dispenser and antimicrobial solution wherein the antimicrobial solution has an active ingredient concentration of between about 0.1% and about 0.2%.
 - 2. The combination foam dispenser and antimicrobial solution of claim 1 wherein the antimicrobial solution has a viscosity in the range of between about 0- 200 cps.
 - 3. The combination foam dispenser and antimicrobial solution of claim 2 wherein the foam dispenser dispenses the antimicrobial solution as a non-aerosol air-liquid mixture.

EUROPEAN SEARCH REPORT

Application Number EP 01 31 0009

i		ERED TO BE RELEVANT	T	
Category	Citation of document with in of relevant pass	ndication, where appropriate, ages	Relevant to claim	CLASSIFICATION OF THE APPLICATION (Int.CI.7)
(WO 93 00089 A (PROC 7 January 1993 (199 * claims 1,10,18 * * examples 2,3,5,8	3-01-07)	1-3	C11D17/04 C11D3/48
x	WO 97 25408 A (KURT 17 July 1997 (1997- * claims 1,14,16 * * page 15, line 14 * examples 3,4 *		1-3	
A	EP 0 990 412 A (BEC 5 April 2000 (2000- * page 2, line 46 -	04-05)	1-3	
				TECHNICAL FIELDS SEARCHED (Int.CI.7)
				C11D
			·	
	The present search report has	peen drawn up for all claims	-	
	Place of search	Date of completion of the search		Examiner
	THE HAGUE	21 February 200	2 Ras	musson, R
X : part Y : part doct A : tech	ATEGORY OF CITED DOCUMENTS icitarly relevant it taken alone loutarly relevant it combined with anot ment of the same category inological background -written disclosure mediate document	E : earlier patent of after the filling ther D : document cite L : document comment cite between the comment cite and the comment cite between the comment cite between the comment cite between the comment cite between the cite	iple underlying the document, but publicate d in the application of for other reasons	ished on, or

EPC FORM 1503 03.82 (P24001)

ANNEX TO THE EUROPEAN SEARCH REPORT ON EUROPEAN PATENT APPLICATION NO.

EP 01 31 0009

This annex lists the patent family members relating to the patent documents cited in the above—mentioned European search report. The members are as contained in the European Patent Office EDP file on The European Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

21-02-2002

	Patent docume dted in search re		Publication date		Patent family member(s)	Publication date
WO	9300089	А	07-01-1993	AU WO	2228392 A 9300089 A1	25-01-1993 07-01-1993
WO	9725408	Α	17-07-1997	EP JP WO	0883680 A1 2000503328 T 9725408 A1	16-12-1998 21-03-2000 17-07-1997
EP	0990412	Α	05-04-2000	US AU EP US	6053369 A 4883299 A 0990412 A2 6308866 B1	25-04-2000 30-03-2000 05-04-2000 30-10-2001
		- -				

© For more details about this annex : see Official Journal of the European Patent Office, No. 12/82